TEFAP (USDA) Donated Commodities Application

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint-filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S. W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

I receive Food and Nutrition Services benefits (Food Stamps). ____ yes ____ no

I am applying to be an eligible recipient to receive USDA commodities.

My household's gross income is \$monthly.		
The number in my household is	_ persons.	
Name:		
Address:		
Phone #:	County:	

IMPORTANT: READ THIS STATEMENT BEFORE SIGNING FOR FOOD(S).

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

	(Signature of Applicant)
rtifying Agency Representative: _	(signature)

H:agency/orientation/TEFAP/TEFAPclientapplication Rev. 7/2013

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Received by:	
	(Signature of Applicant)
Certifying Agency Representative:	
	(signature)

(date)

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